

# Form CT-1120X

## Amended Corporation Business Tax Return

FOR CALENDAR YEAR \_\_\_\_\_ OR FISCAL YEAR BEGINNING \_\_\_\_\_, \_\_\_\_\_, AND ENDING \_\_\_\_\_, \_\_\_\_\_

<b>DRS Use Only</b>	Corporation Name	<b>CONNECTICUT TAX REGISTRATION NUMBER</b>
Audited by <input type="checkbox"/> F <input type="checkbox"/> O	Address Number and Street	<b>DRS USE ONLY</b> - - 20
Initial:	City or Town	<b>FEDERAL EMPLOYER ID NUMBER</b>
	State	
	PO Box	
	ZIP Code	

**CHECK AND COMPLETE ALL APPLICABLE BOXES** Is this return currently under Connecticut audit?  Yes  No

**Connecticut return being amended:**  CT-1120  CT-1120S  CT-1120CR  CT-1120L

**Amended federal return:** (Attach copy)  1120X  1120S  Other (Specify) \_\_\_\_\_

**Reason for amended return:** (Check one)  IRS Adjustments (Attach copy of IRS notification and enter date of adjustment) \_\_\_\_\_

CT Corporation Business Tax Credits  CT Apportionment Change  CT Net Operating Loss  Other (Specify) \_\_\_\_\_

CORPORATION BUSINESS TAX	COLUMN A As Originally Reported or Adjusted	COLUMN B Net Change <i>(Explain on Page 2)</i>	COLUMN C Correct Amount
1. Tax on net income (See instructions) .....	1.		
2. Minimum tax on capital (See instructions) .....	2.		
3. Tax (Largest of Line 1, Line 2, or \$250) .....	3.		
4. Surtax (See instructions. If Line 3 is minimum tax, enter "0") ...	4.		
5. Total tax before credits (Add Line 3 and Line 4) .....	5.		
6. Total credits (See instructions) .....	6.		
7. Total tax after credits (Subtract Line 6 from Line 5) ..	7.		
<b>PAYMENTS</b>			
8. Overpayment from prior year .....	8.		
9. Estimated tax payments .....	9.		
10. Paid with extension .....	10.		
11. Tax paid with original return .....			11.
12. Tax paid after filing return .....			12.
13. Total payments (Add Lines 8 through Line 12, Column C) .....			13.
14. Overpayment on original return or as last adjusted .....			14.
15. Net payments to date (Subtract Line 14 from Line 13) .....			15.
<b>REFUND OR TAX DUE</b>			
16. (a) Amount of overpayment to be credited to _____ estimated tax .....			16a.
(b) Amount to be refunded (If Line 15 is greater than Line 7, Column C, enter the difference) .....			16b.
17. Tax Due (If Line 7, Column C is greater than Line 15, enter the difference) .....			17.
18. Interest .....			18.
19. <b>TOTAL BALANCE DUE</b> (Add Line 17 and Line 18) .....			19.

**MAKE CHECK PAYABLE TO: Commissioner of Revenue Services**

*Mail this return and attachments to: Department of Revenue Services, PO Box 2974, Hartford CT 06104-2974.*

**DECLARATION:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>SIGN HERE</b>  Keep a copy of this return for your records.	Signature of Corporate Officer	Title	Date	Telephone Number ( )	
	Paid Preparer's Signature			Date	Preparer's SSN or PTIN
	Firm's Name and Address			Federal Employer ID Number	
				Telephone Number ( )	

